

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

Case 1:01-cv-00466-SAS-TSM

Document 10-2

Filed 09/22/2004

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OFFICIAL USE

Postage	\$	Postmark Here C-1-01-488 DOC. 10 9/22/04
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To HERB L. FELTON 384-134		
Street, Apt. No., or PO Box No. SOCF PO BOX 45699		
City, State, ZIP+ 4 LUCASVILLE, OH 45699		